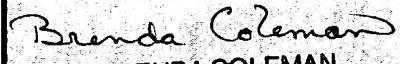


Issue Classification 	Application No.	Applicant(s)
	09/980,451	DE BRUYN ET AL.
	Examiner Brenda Coleman	Art Unit 1624

ISSUE CLASSIFICATION									
ORIGINAL		CROSS REFERENCE(S)							
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)						
514	274	514	211.08	218	221	222.5	222.8	253.11	256
INTERNATIONAL CLASSIFICATION			266.22	269	272	275	320	321	
A 6 1 K	31/505	540	460	470	473	489	492	505	506
A 6 1 P	9/00		509	512					
C 0 7 D	405/12	544	8	11	283	285	286	287	292
C 0 7 D	405/14		301	311	312	316	319	320	321
			332	364					
<i>T. T. R. 6/14/04</i>		<i>Brenda Coleman</i> BRENDA COLEMAN PRIMARY EXAMINER				Total Claims Allowed: 7			
(Assistant Examiner) (Date)		(Primary Examiner) (Date)				O.G. Print Claim(s)		O.G. Print Fig.	
<i>P. K. 6/14/04</i>		<i>5-28-04</i>				1		0	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1		31		61		91
2	2		32		62		92
3	3		33		63		93
4	4		34		64		94
5	5		35		65		95
6	6		36		66		96
7	7		37		67		97
8	8		38		68		98
9	9		39		69		99
10	10		40		70		100
11			41		71		101
12			42		72		102
13			43		73		103
14			44		74		104
15			45		75		105
16			46		76		106
17			47		77		107
18			48		78		108
19			49		79		109
20			50		80		110
21			51		81		111
22			52		82		112
23			53		83		113
24			54		84		114
25			55		85		115
26			56		86		116
27			57		87		117
28			58		88		118
29			59		89		119
30			60		90		120

Issue Classification 	Application No.		Applicant(s)	
	09/980,451		DE BRUYN ET AL.	
	Examiner		Art Unit	
	Brenda Coleman		1624	

ORIGINAL			CROSS REFERENCE(S)					
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
514	274	546	196	197				
INTERNATIONAL CLASSIFICATION								
	/							
	/							
	/							
	/							
(Assistant Examiner) (Date)			 BRENDA COLEMAN PRIMARY EXAMINER (Primary Examiner)			Total Claims Allowed: 7		
(Legal Instruments Examiner) (Date)			<i>5-28-04</i> (Date)			O.G. Print Claim(s)	O.G. Print Fig.	
						1	0	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
211		241		271		301	
212		242		272		302	
213		243		273		303	
214		244		274		304	
215		245		275		305	
216		246		276		306	
217		247		277		307	
218		248		278		308	
219		249		279		309	
220		250		280		310	
221		251		281		311	
222		252		282		312	
223		253		283		313	
224		254		284		314	
225		255		285		315	
226		256		286		316	
227		257		287		317	
228		258		288		318	
229		259		289		319	
230		260		290		320	
231		261		291		321	
232		262		292		322	
233		263		293		323	
234		264		294		324	
235		265		295		325	
236		266		296		326	
237		267		297		327	
238		268		298		328	
239		269		299		329	
240		270		300		330	